Message Text

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FOR AF ONLY E.O. 11652: GDS TAGS: SWEL, MZ, US

SUBJECT: POSSIBLE HEALTH PROJECTS

REF: STATE 173317

1. SUMMARY. HEALTH CARE IS ONE OF THE DEVELOPMENT PRIORITIES OF THE MOZAMBIQUE GOVERNMENT (GPRM). MOZAMBIQUE IS CURRENTLY RECEIVING HEALTH ASSISTANCE FROM ABOUT A DOZEN COUNTRIES, BUT WILL NEED ADDITIONAL HELP IF ITS AMBITIOUS HEALTH SCHEMES ARE TO BE REALIZED. HEALTH CARE IS VERY MUCH MIXED WITH POLITICS IN MOZAMBIQUE AND ALL MEDICAL OR PARA-MEDICAL TRAINING HAS HEAVY POLITICAL (MARXIST-LENINIST) CONTENT. IT IS QUESTIONABLE WHETHER GPRM WOULD BE INTERESTED IN HEALTH PROJECT ASSISTANCE FROM U.S. OR, IF SO, IF OUR ASSISTANCE COULD BE PROVIDED IN A WAY THAT WOULD BE POLITICALLY ACCEPTABLE TO THEM AND TO US. WE SEE BENEFIT IN EXPLORING THE POSSIBILITY WITH THE MOZAMBICANS. END SUMMARY.

2. GPRM IS CURRENTLY TAKING AN INVENTORY OF ITS FOREIGN AID REQUIRMENTS FOR PURPOSE OF ESTABLISHING PRIORITIES AMONG THE MANY COMPETING DEMANDS. THE DIRECTORS OF ALL THE TECHNICAL MINISTRIES ARE PARTICIPATING IN THIS REVIEW. JOAO COSME, NATIONAL DIRECTOR OF INTERNATIONAL COOPERATION, TOLD UNDP RESIDENT REPRESENTATIVE ERIK ZETTERBERG THAT ONCE THE REVIEW CONFIDENTIAL

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IS COMPLETED AND PRIORITIES ESTABLISHED, THE GPRM WILL KNOW WHAT KINDS OF FOREIGN ASSISTANCE IT REQUIRES AND IN WHAT SECTORS AND FROM WHAT SOURCES IT WILL SEEK THIS ASSISTANCE. REVIEW WAS SCHEDULED TO HAVE BEEN COMPLETED BY END OF THIS MONTH, BUT DELAY IS EXPECTED.

3. HEALTH CARE FIGURES PROMINENTLY IN GPRM'S DEVELOPMENT

PLANS. THE MINISTRY OF HEALTH, IN CONSULTATION WITH THE LOCAL WHO REPRESENTATIVE UMBERTO TOMMASI, HAS BEEN PREPARING DEVELOPMENT TARGETS FOR 1978/79. THESE INCLUDE A SECOND PHASE OF ITS MASS IMMUNIZATION PROGRAM, THE DEVELOPMENT OF AN INTEGRATED ENVIRONMENTAL HEALTH PROGRAM (WATER SUPPLY, SEWAGE AND WASTE DISPOSAL, VECTOR CONTROL), THE ESTABLISHMENT OF MATERNAL AND CHILD HEALTH CENTERS, AND THE TRAINING OF PERSONNEL TO OVERSEE HEALTH NEEDS IN COMMUNAL VILLAGES. A NATIONAL HEALTH CONFERENCE IS SCHEDULED FOR SEPTEMBER, AT WHICH TIME AGREEMENT IS EXPECTED TO BE REACHED ON HEALTH PRIORITES AND TARGETS.

- 4. ACCORDING TO TOMMASI, THE MINISTRY OF HEALTH'S DEVELOPMENT PROPOSALS ARE ABITIOUS AND WILL REQUIRE CONSIDERABLE FOREIGN ASSISTANCE IN FORM OF PERSONNEL, EQUIPMENT, DRUGS AND VACCINES IF THE PLANS ARE TO BE REALIZED. EVEN WITH FOREIGN ASSISTANCE, TOMMASI DOUBTS SOME OF MINISTRY'S PROGRAMS ARE REALIZABLE IN NEAR TIME FRAME. SHORTAGE OF MONEY WITH WHICH TO MEET BURGEONING LOCAL COSTS WILL SERIOUSLY RESTRICT WHAT THE GOVERNMENT CAN ACCOMPLISH.
- 5. ABOUT A DOZEN ORGANIZATIONS AND COUNTRIES ARE ALREADY HELPING IN THE HEALTH SECTOR. THEY INCLUDE WHO, UNICEF AND UNDP, AS WELL AS THE GOVERNMENTS OF SOVIET UNION, NORTH KOREA, CUBA, ROMANIA, BULGARIA AND EAST GERMANY. THERE ARE ALSO A NUMBER OF DOCTORS FROM NON-COMMUNIST COUNTRIES, ALMOST ALL OF WHOM HAVE BEEN RECRUITED BY NON-GOVERNMENTAL (GENERALLY CONFIDENTIAL

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LEFTIST OR COMMUNIST) ORGANIZATIONS. THE GOVERNMENT OF MOZAMBIQUE VIEWS ITS HEALTH PROGRAMS AS "POLITICAL" PROGRAMS, AND ALL MOZAMBICAN MEDICAL OR PARA-MEDICAL PERSONNEL ARE TRAINED AS POLITICAL CADRE AS WELL AS MEDICAL TECHNICIANS AND PROFESSIONALS. THERE IS CONSIDERABLE MARXISM-LENINISM IN THE TRAINING SYLLABUSES. AT RURAL LEVEL, HEALTH SERVICE IS AN INTEGRAL PART OF THE HEAVILY POLITICIZED COMMUNAL VILLAGE DEVELOPMENT PROGRAM.

6. GIVEN THE POLITICAL CONTENT OF ALL TRAINING IN MOZAMBIQUE, TOMMASI DOUBTS GPRM IS AS YET READY TO TURN TO WESTERN GOVERN-MENTS FOR ASSISTANCE IN PROVIDING MEDICAL OR PARA-MEDICAL TRAINING. IN FACT, HE DOUBTS GPRM IS EVEN READY TO ACCEPT MEDICAL PERSONNEL FROM THE WEST UNLESS IT HAS SOME WAY OF ENSURING THAT THE POLITICAL AS WELL AS MEDICAL CREDENTIALS OF THE DOCTORS ARE ACCEPTABLE. THUS, GPRM RECEIPTIVITY TO U.S. HEALTH PROJECT ASSISTANCE, OR AT LEAST THOSE ELEMENTS INVOLVING TRAINING OR MANPOWER ASSISTANCE, IS QUESTIONALBLE. HOWEVER, WE REALLY WILL NOT KNOW UNTIL WE TALK TO THE MOZAMBICANS. I SEE NO HARM IN EXPLORING THE POSSIBILITY WITH THE GPRM. THERE IS SOME BENEFIT IN LETTING THE MOZAMBICANS KNOW THAT WE ARE READY TO EXPLORE THE POSSIBILITY OF BILATERAL HEALTH

ASSISTANCE IF THE GPRM IS INTERESTED.

7. THE EMBASSY MAY HAVE OTHER COMMENTS TO MAKE WHEN THE FULL HEALTH PROJECT PROPOSALS ARE RECEIVED IN THE POUCH. DE PREE

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